

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST ART OLIGER					
STREET ADDRESS 5447 BUNAY DR					
CITY LERIE			STATE PA	ZIP CODE 16509-3012	
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION <input checked="" type="checkbox"/> 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE LERIE COUNTY EXECUTIVE		DISTRICT NO. LERIE COUNTY	PARTY REP	DATE OF ELECTION MO. DAY YEAR 11 07 2017
	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 10 24 17 TO 11 27 17		FOR OFFICE USE ONLY 2017 DEC -7 PM 2:26 ERIE COUNTY VOTER REGISTRATION		
	CASH BALANCE AT END OF REPORTING PERIOD: \$ -0-				
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ -0-				
	AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES NO <input checked="" type="checkbox"/>				

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
7th DAY OF **Dec.** 20 **17**
Sonia Willet
 SIGNATURE
 MY COMMISSION EXPIRES **4-3-19**
 MO. DAY YR.

ART OLIGER
 SIGNATURE OF PERSON SUBMITTING REPORT
ART OLIGER
 PRINTED NAME
814 **323-2486**
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 DAY OF 20
 SIGNATURE
 MY COMMISSION EXPIRES
 MO. DAY YR.

SIGNATURE OF CANDIDATE
 PRINTED NAME
 AREA CODE DAYTIME TELEPHONE NUMBER